



APPLICATION NUMBER: 09/063477

Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
<u>Sm/Lg</u>				<u>Sm. Entity</u>	<u>Lg. Entity</u>	
<u>201/101</u>				_____	_____	<u>790</u>
<u>203/103</u>	<u>45</u>	-20 =	<u>25</u>	X	_____	<u>550</u>
<u>202/102</u>	<u>8</u>	-3 =	<u>5</u>	X	_____	<u>410</u>
<u>204/104</u>				_____	_____	<u>130</u>
<u>205/105</u>				_____	_____	
<u>139</u>						<u>1880</u>

W. Gordon
Office of Initial Parent Examination